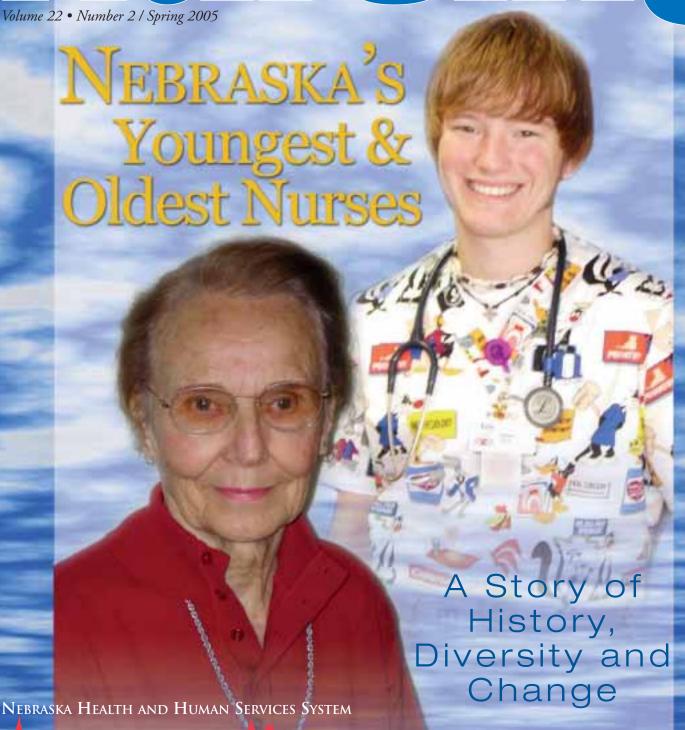
Volume 22 • Number 2 / Spring 2005









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Spring 2005

PUBLISHED BY THE NEBRASKA BOARD OF NURSING

Nebraska Nursing News is published quarterly by the Nebraska Board of Nursing 301 Centennial Mall South Lincoln, NE68509 402.471.4376 • fax 402.471.1066 www.hhs.state.ne.us

2005 Nebraska State **Board of Nursing**

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features

Nebraska's Oldest and Youngest

NURSES: A Story of History, Diversity and Change

CENTER FOR NURSING EVENTS A HUGE

SUCCESS The Nebraska Center for Nursing, charged by the legislature with addressing the nursing shortage in the state...

SUMMARY OF 2005 NURSING LICENSURE/REGULATION - RELATED LEGISLATION

This is a summary of the status of bills introduced in the current legislative session that impact on nursing licensure or regulation.

NEBRASKA NURSING LEADERSHIP COALITION UPDATE The board members of the five member organizations met for their annual fall meeting. The following actions were taken...

departments

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Gladys Dickson, LPN and Eric Lawyer, LPN, Nebraska's oldest and youngest actively licensed nurses.

Executive Director's Message



During this past year I have been introduced to the concept referred to as "normalization of deviance." My exposure to this concept has been one of those "Aha!" experiences that happens when somebody finally puts a name to something that you are familiar with but just didn't know what to call it.

Astronaut Mike Mullane describes the normalization of deviance as a long term phenomenon in which individuals or teams repeatedly accept a lower standard of performance until that lower standard becomes the "norm." Usually, the acceptance of the lower standard occurs because the individual/team is under pressure (budget, schedule, etc.) and thinks it will be too difficult to adhere to the original higher

standard. Their intention may be to revert back to the higher standard when this period of pressure passes. However, by getting away with the deviation from the higher standard, it is likely they will do the same thing when the same stressful circumstances arise again. Over time, the individual/team fails to see their actions as deviant.

During the 17 years I have been with the Board of Nursing, I have seen a gradual but steady increase in the percentage of nursing licensure applicants, as well as nurses who are renewing, who report convictions for behavior that our society's legal standards have determined to be deviant. The reporting of a conviction by an applicant was once an infrequent occurrence. Now the number of applicants with convictions have reached the point that having a conviction is almost the norm. The Board of Nursing and its staff are constantly faced with decisions related to applicants' "fitness" for licensure. The Board and staff are composed primarily of nurses. As nurses it is our nature to be compassionate and to believe in people's inner goodness. We tend to give people the benefit of the doubt and to give them a chance. Are we "normalizing" deviant behavior to the detriment of public protection? The Board wrestles with whether a past conviction was simply a mistake that an individual made one time but now has learned their lesson and won't make the same mistake again, or if the conviction is evidence of a flaw in the individual's moral character that is likely to result in recurrence of deviant behavior in the future.

The Nurse Practice Act requires an applicant for a license to practice as a registered/practical nurse to file with the department a written application for a license and submit satisfactory proof that the applicant is of good moral character. So what is good moral character? Character, good or bad, is considered to be observable in one's conduct. Character differs from values which are orientations or dispositions, while character involves action or activation of knowledge and values. Given this definition, it makes sense to examine an individual's past for conduct evidencing flaws in moral character. Many states conduct criminal background checks on all applicants for licensure. Nebraska still relies primarily on the applicant's self report. States that require criminal background checks report that there are many instances of persons that have convictions that they did not report on the application for licensure. Regardless of whether criminal background checks are done or there is reliance on self-reporting, there is still the dilemma of deciding what to do with the information. How many convictions are too many? What is the critical time frame that should be considered? What types of convictions are so egregious that a license should be denied?

By not confronting these behaviors, are we condoning the normalization of deviance? If so, what can be done to stop this phenomenon? Individuals in positions of responsibility need to "find their voice" and get their perspectives on the table. We need to support actions that will stop the normalization of deviance and take a stand that individuals who have demonstrated a lack of good moral character through their behavior do not belong in nursing.

> Charlene Kelly Charlene Kelly

President's Message

I would like to introduce myself. I am Marcy Echternacht, the newly elected State Board of Nursing President. I received my B.S.N. from the University of Nebraska Medical Center and my M.S. in Psychiatric-Mental Health Nursing from the University of Colorado. My 30 years of nursing experience in urban and rural settings includes work as a staff nurse, head nurse, nursing administrator and educator.



My passion is nursing education. I have taught over 400 nursing students in the A.D.N. nursing program at Central Community College, Grand Island campus, from 1990 to 2000. While my students would periodically hear me say that I needed a "big city fix" (translated as going to a Lied performance in Lincoln or to the Orpheum in Omaha), I learned a lot during my tenure in Grand Island. My students, who demonstrated an incredible determination to pursue nursing studies, impressed me. Several commuted from distant towns such as Taylor, Rose, Ord, Atkinson, Spalding, Red Cloud, Franklin, St. Edward, and Loup City. Supported during their studies by dedicated families and friends, graduations were truly a community celebration. I was privileged to be part of their education.

I have continued as a nurse educator in Omaha for the past five years at College of Saint Mary. I work in an intellectually stimulating environment with excellent faculty and staff. I find the traditional and non-traditional nursing students at College of Saint Mary similar to the ones I taught in Grand Island. As a nursing educator, I continue to learn many things from students and from the patients and staff with whom I am privileged to work.

According to Thomas Wolfe, "You can't go home again." This has not been my experience. My husband and I moved back to my hometown, Omaha, in 2000 after our youngest child graduated from high school. We had been gone for 25 years--15 in Denver and 10 in Grand Island. While the city has grown and changed a bit, the people have retained their Mid-Western values.

I was appointed to serve on the State Board of Nursing in January 2002. I am honored to serve on this Board of very dedicated individuals. The Board is fortunate to have excellent leadership and support from the professional staff, which includes Dr. Charlene Kelly, Executive Director; Dr. Sheila Exstrom, Nursing Education Consultant; and Karen Bowen, Nursing Practice Consultant. I will make every effort to ensure continuation of the positive working relationship that exists between professional staff and board members. In future newsletters I will describe some of the opportunities, experiences, and challenges I have encountered while serving on the Board.

> therey Echternach Marcy Echternacht

Nebraska's Oldest and Youngest

By Joyce Davis Bunger

Gladys Dickson, LPN

"One day my sister and I just decided to go to nursing school," said Gladys Dickson, the oldest practicing nurse in Nebraska. Gladys works on a regular basis as a private duty nurse in Kearney, Nebraska.



Gladys has been a nurse for over 50 years! She has taken care of several generations of patients over the years. On the day of this interview she had been working, and her voice was cheerful as she reminisced about the years she has dedicated to the nursing profession.

After growing up on a farm south of Minden, Gladys moved to Kearney to work at Good Samaritan Hospital. She worked as a surgery "nurse." (Keep in mind she hadn't been to nursing school yet!) Each summer she returned to the family farm to help with the harvest. She was always happy to return to the hospital.

One day a surgeon from Kearney asked her to come be his office nurse. Over the next 18 years she worked in various doctors' offices. While working there, she and her sister decided they want to get a formal nursing education and enrolled at the LPN school in Kearney.

Gladys received her license in 1956. Oddly enough, Gladys had practiced as a nurse for many years before she went to school and was actually licensed. It was not uncommon at that time for hospitals and physicians to do their own "training" of nurses. This occurred prior to requiring licensure of LPNs, which began in 1956.

Later her career took her back to Good Samaritan Hospital. She stayed there another 20 years. In 1991, after suffering some eye problems, Gladys turned to private duty nursing. And that is what she is still doing today.

"Private duty nursing is wonderful. I have been able to help so many people stay in their own homes as they get well," Gladys said. "In 1991, a lady in town approached me to stay with her. And I did for several years. Then I took care of her sister. I always had someone lined up that needed a nurse."

Gladys's nursing career took her from the intensity of the surgery suite to office nursing with regular hours and weekends off, and to private duty nursing that enables her to choose her patients and her hours.

When asked what her favorite nursing memory was, she laughed and said, "Doing

the Charleston at the LPN Annual Meeting years back. The LPN association offered her both friendship and the opportunity to recruit and retain more LPNs in western Nebraska.

Gladys thinks Nebraska is good to its nurses. There are programs they can go to, their salaries are good and LPNs are given a great

deal of responsibility. She said the education an LPN receives today is far more complex that when she went to school. She thinks 12-hours days are a good thing. Nurses can work full time and still have four days with their families. (However, she added, she is past the days of working 12-hour days!)

"I love nursing—as much today as years



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ago. I like helping people. If I can't always make them well, I at least like to make them as comfortable as possible. Having the patient get well isn't always the goal for a nurse—but helping folks be comfortable until they pass. That is the biggest difference in private duty nursing," Gladys said. "Along with private duty nursing comes some sadness—having to say good bye to a patient who dies or can no longer live at home."

And there is a reason that Gladys isn't an RN. While working at the hospital, the nuns told her if she had been Catholic they would have paid her way to become a registered nurse. She said she didn't have the three years to devote to school, so she went the LPN route, and has never regretted her decision.

Eric Lawyer, LPN

Not even twenty years old! Eric graduated from his LPN program in May 2004. Because of his concern about being able to get a job at such a young age, he waited

until after his 19th birthday in September before getting his license. He became a licensed practical nurse in October 2004.

It all started with a "very cool pen" Hamilton College had on display to attract prospects to their booth at a career fair. Eric wanted one of those pens, but he had to fill

out one of their forms first. He did it as a lark to get the pen. But inside, he admits, nursing had been one of his career options since he was eight years old. He had always been attracted to the health care field.

As a little boy, Eric had broken his arm. He remembers everything about that day. How kind the nurse had been to his frazzled parents. How the nurse had distracted him with animal balloons. He also remembers that the special nurse was a man!

Eric was "an Air Force brat" and moved around a lot. He graduated from Bellevue East High School and was an outstanding athlete. When the recruiter from Hamilton College called and asked if he could come and visit with him and his parents, Eric was still a bit reluctant at becoming a nurse. But after the visit, he was convinced.

He is now working for Plattsmouth Manor. He describes it as "weird" to be so young and have such a responsible job. It is a bit challenging at times, because he is so young—as young as some of his fellow nurses' grandchildren. He said they like to mother him and boss him around, but he is learning so much from them and appreciates the time they are taking to "show him the ropes."

Finding a job after getting his license was difficult. They told him it was because he lacked experience, but he feels it was because he was so young...and a male, to boot! "Talk about age and sex discrimination!" he laughed.

When asked about his most vivid experience to date, he remembers being 17 years old and it was his first clinical. He was called into a room to help an elderly woman go to the bathroom. It was really awkward. The CNAs had scattered. But, he said,

"Whatever! She needed my help and I was the only one there to help her—so I just did it. And now it doesn't bother me at all—just part of my job."

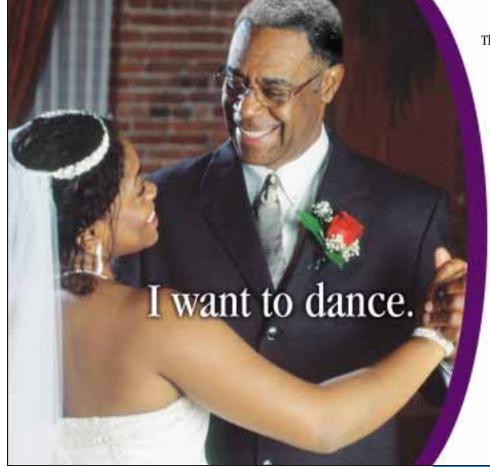
Eric added that he doesn't think most people realize what a "team approach" nursing is. Families and patients often don't see how we all work together to design a care plan that is best.

Eric has plans for his future. While he enjoys his current job, he would like to work in pediatrics someday. He would like to get more education and get a bachelor's degree. But for now, he's working very hard to gain the experience he needs. And when he isn't nursing, he is the drummer of his band,

"Twilight Dawn." Even though he is young, he already knows that good nurses need balance in their lives in order to be most effective in their jobs.

What do Eric's friends think about his career? "I get teased a lot," Eric laughed. "But most of them realize they could never do what I do. They respect me for being a nurse."

Joyce Davis Bunger is Assistant Dean, Creighton University School of Nursing, Public Member on the Board of Nursing.



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As a 2004 Edgerton Quality Award winner, FAMC's dedication to the patients and residents it serves is evident.

"Our staff takes a lot of pride in the service they provide and are passionate about what they do," says Cindy Costanzo, R.N., Director of Acute Nursing and Chief Nursing Officer. "We're proud to provide the level of technology that allows people to choose us for a service rather than travel to a larger city."

The Technology at FAMC

Since 2000, FAMC has expanded and added many services, including a state-of-the-art Surgical Department, Heart Catheterization Lab, and Joint Center. In 2003, the new Emergency Department and Health Park Plaza, housing FAMC's Cancer Services and Health Education area, was completed.

Other advances include acquisition of a new multi-slice CT scanner, providing images with amazing clarity and speed, and the Picture Archiving Communication Systems (PACS) software system, which electronically gathers, stores and allows rapid access of images and reports from multiple sites for radiology imaging.

FAMC is one of only five hospitals in Nebraska to have a daVinci® Surgical System, the state-of-the-art laparoscopic surgical robotic device that enables ultra-precise, minimally invasive techniques. And The Prostate Center at FAMC is the leading prostate program in Nebraska.

FAMC is also enhancing patient safety and improving the

coordination of care through the use of healthcare information technology. This three-year, \$7 million effort to bring information from many different areas of FAMC into a single integrated database is expected to streamline operations, coordinate care between disciplines and help physicians make more informed decisions at the bedside.

These technological advances are necessary to provide more treatment options with the best patient outcomes, but the dedicated board-certified physicians, superbly trained nurses and expert staff provide the compassionate, personal care, in a team approach.

FAMC's Continuum of Care

"At FAMC, our team approach brings together primary care physicians, certified case managers and surgeons for better diagnosis and treatment," states Costanzo. "This fosters and promotes a comprehensive, cohesive, and coordinated approach to patient and resident care."

FAMC provides everything from 24-hour emergency room care to the full range of diagnostic, surgical, and patient care services—outpatient, inpatient, and after discharge.

FAMC's post-acute services, such Home Health Care, Hospice Care, and A. J. Merrick Manor, a licensed 162-bed skilled-care facility, ensures a consistency of quality and caring throughout the continuum of care.

Nursing at FAMC

The nursing staff at FAMC consistently receives high marks in patient satisfaction surveys—and their experience is one reason why. Many of the nurses have over 20 years of tenure and a lengthy list of medical and educational certifications.

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FAMC provides a high nurse-to-patient ratio because it translates to high-quality, individualized care. Patient care managers act as liaisons between the physician and all others providing care to the patient. Resident care supervisors fill a similar role at A. J. Merrick Manor.

"FAMC encourages and supports the growth and empowerment of our nurses through The Center for Frontline Nursing Leadership and our individual Frontline Groups. And our Clinical Coach Program helps ease the transition into FAMC and tailor orientation to each nurse's needs. Our commitment to these and other initiatives for the bedside nurse leads to improved quality of patient care and safety, as well as nurse satisfaction," says Costanzo.







The Prostate Center at Fremont Area Medical Center is the only site in Nebraska that offers men the da Vinci® (robotic surgery) and Cryosurgery for prostate cancer, and Greenlight PVP or Holmium Laser and Microwave Thermodilatation for treatment of benign prostate problems -the most advanced options for prostate treatment

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Nebraska Board of Nursing 2005 Meeting Schedule

Meetings of the Nebraska Board of Nursing convene at 9:00 a.m.; however, the board immediately goes into closed session to review investigative reports. Members of the public may not be present during closed session. The board typically returns to open session after 11:30 a.m. The agendas for the meetings are posted on our Web site at http://www.hhs.state.ne.us/crl/brdmtgs.htm#Nursing or you can obtain an agenda by calling (402)471-4376.

All meetings will be held at Staybridge Suites in Lincoln unless otherwise noted.*



(left to right) Joyce Bunger, Mary Megel, Mary Bunger, Jacqueline Ross, Sandra Mann, Iris Winkelhake, Nancy Gondringer, Judy Balka, Valerie Fredericksen, Deanna Lloyd and Marcy Echternacht

Day/Date	Time	Meetings	Location
Thursday, May 12	9:00 a.m.	Board of Nursing	Staybridge Conference Center
Thursday, June 9	9:00 a.m.	Board of Nursing	Staybridge Conference Center
		(Disciplinary Case Review .	Meeting – Most of meeting in closed session)
Thursday, July 14	9:00 a.m.	Board of Nursing	Staybridge Conference Center
Wednesday, August 10	1:00 p.m.	Board of Nursing Issues	TBA
Thursday, August 11	9:00 a.m.	Board of Nursing	Staybridge Conference Center
Thursday, September 8	9:00 a.m.	Board of Nursing	Lied Conference Center, Nebraska City
Wednesday, October 19	1:00 p.m.	Board of Nursing Issues	TBA
Thursday, October 20	9:00 a.m.	Board of Nursing	Staybridge Conference Center
Thursday, November 10	9:00 a.m.	Board of Nursing	Staybridge Conference Center
Wednesday, December 7	1:00 p.m.	Board of Nursing Issues	TBA
Thursday, December 8	9:00 a.m.	Board of Nursing	TBA

'Staybridge Suites by Holiday Inn, 2701 Fletcher Avenue, (27 Street & Fletcher Avenue), Interstate-80, Exit 403, Lincoln, Nebraska 68504, (402) 438-7829/(800) 238-8000, http://www.sbs-lincoln.com/

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Qualifications: This job requires a current Nebraska license to practice as a Registered Nurse and as an Advance Practice Registered Nurse with a minimum of one year experience in clinical practice. Experience in medical oncology as a nurse practitioner and a minimum of 6 years of oncology nursing experience is preferred for this position.

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543-6629 or view our website www.gprmc.com



Registry Action on Nurse Aides and Medication Aides

From 11/01/04 to 01/31/05, the following nurse aides have become ineligible for employment in long-term care facilities and/or intermediate care facilities for persons with mental retardation:

Name	Nurse Aide Reg #	Action	Date Entered
Arthur, Kathy	54159	Finding of Conviction	11/14/04
Auld, Emily	41566	Finding of Conviction	12/20/04
Baker, Kwin	48094	Finding of Conviction	11/29/04
Bukhari, Janie	51224	Finding of Conviction	01/27/05
Gatson-Mapp, Demetrius	49552	Finding of Conviction	11/29/04
Lewis, Michele	42837	Finding of Conviction	12/0304
,	45745		
Smudde, Jessica Watkins, Vincent	62890	Finding of Conviction Finding of Conviction	01/27/05

From 11/01/04 to 01/31/05, the following medication aides have been removed from the medication aide registry:

Name	Medication Aide	Action	Date
	Registry #		Entered
Auld, Emily	45469	Moral Character	12/20/04
Baker, Kwin	48170	Moral Character and Competency Violation	11/29/04
Crawford, Portia	51172	Moral Character	12/20/04
Forke, Nicole	37856	Competency Violation	11/01/04
Lewis, Michele	50207	Moral Character	12/03/04
Nunns, Elizabeth	47373	Competency Violation	01/05/05
Shields, Tonya	49049	Competency Violation	11/08/04

CENTER FOR NURSING

The Nebraska Center for Nursing, charged by the legislature with addressing the nursing shortage in the state, recently hosted several activities directed at nursing recruitment, retention and the shortage of nursing faculty.

At the 2004 convention of the Nebraska Nurses Association in early October, Center for Nursing representatives presented a program on the seriousness of the faculty shortage in Nebraska. Many nursing faculty members in Nebraska are nearing retirement. There are not enough younger nurses with the educational and experiential requirements to replace the retiring faculty. The faculty shortage has huge implications for nursing program enrollments. It is fruitless to recruit students into nursing when educational program capacity is limited by faculty availability. The presentation focused on the requirements to become a faculty member and the rewards of a career in teaching.

On October 26 a lot of people were learning all about nursing at the All About Nursing Expo hosted by the Center for Nursing and KM3 News television. The Expo was held at the Holiday Inn Central in Omaha. The Expo had a dual purpose: to expose young people to nursing as a career of choice, and to provide renewal and image-building educational activities for current nurses. Nearly 500 people attended the all-day event. Attendees were about evenly divided between current nurses and prospective nursing students. Over forty vendors had displays that introduced attendees to a wide variety of career opportunities and services. Prospective nurses were exposed to a variety of nursing careers through a series of 30-minute presentations throughout the day. Current nurses could obtain up to four hours of continuing education for attending.

On November 3 the Center for Nursing held a workshop in Sidney entitled Creating a Place to Come and Stay: Nursing Leadership for the Future. Over forty nurses heard presenters discuss leadership concepts for the 21st century, application of Magnet Recognition Program Standards to smaller

facilities, and practical approaches to changing organizational culture to attract and retain nurses.

The Center for Nursing hopes to host similar events at other locations in 2005. The Center's board is currently seeking support for legislation that would continue the activities after its current legislative ending date of July 1, 2005. The proposal would

fund Center for Nursing activities with nursing licensure fees. The Center has carried out its activities to date with a modest level of funding received from state general funds. Board of Nursing staff have provided in-kind support to the board since its inception in 2000. It is not anticipated that this proposal would result in any fee increases for nurses.

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ebrask **Medical Center** unmc.edu/nursing

- 1. At the August 2004 House of Delegates meeting of the National Council of State Boards of Nursing, a new test plan for Practical Nurses was approved. This new test plan will be implemented in April 2005. Test plans serve as the "blueprint" for questions that are asked on the licensing examination. The new PN test plan followed some of the same changes that were made to the RN test plan—the most noticeable being increases in the percentages of the test plan that are related to Coordination of Care and Pharmacological Therapies. The test plans are reviewed every three years and are determined from a job analysis of what is expected of the new graduate (either PN or RN). Both RN and PN test plans are available at www.ncsbn.org.
- 2. There are some new alternate/innovative format items on the NCLEX® exams. In addition to the usual multiple choice (pick the correct answer from the four listed), there may be one or more of the following types:
 - a. Multiple response—where the candidate has to select more that one response to the question
 - b. Fill in the blank—where the candidate has to do the calculation (I &O, IV drip rate, medication dosage, etc.) and then fill in the blank with the correct calculation
 - c. Ordered response—where the steps or components within the question need to be put into a certain order

- d. Hot spot—where the computer cursor is used to identify an area on a picture or graphic Examples of these questions may be found at
- www.ncsbn.org./testing/index.asp. 3. Candidates who fail the exam may retake the exam in 45 days
- rather than the previous 90 days.
- 4. Beginning October 1, 2004, the time limit for the RN exam will be extended from five hours to six hours. The PN exam time limit will remain at five hours, as the maximum number of items on the PN exam is 205 compared to the maximum number of items on the RN exam (265). Reasons for extending the time are to assure that candidates with English as a second language are not disadvantaged and that there is adequate time for the more time-consuming questions such as those requiring calculations.
- 5. Early next year it is planned that the NCLEX® exams will be offered at some foreign sites. Initially the three sites will be England, Hong Kong and South Korea. Candidates will still need to be made eligible by a U.S. board of nursing, but they will be able to actually take the examination at one of these sites.

Nebraska Licensee Assistance Program (NE LAP) http://www.lapne.org/

Available research indicates about one in six health care professionals in Nebraska experience substance abuse or addiction problems.1

Funded by a portion of the fee for each license issued, renewed, or reinstated, the Nebraska Licensee Assistance Program (NE LAP) is available to all health care professionals. At the heart of the program is assistance for eligible individuals with substance abuse and addiction problems. In addition to providing confidential evaluation and assessment, NE LAP offers educational programs which may be customized to specialized audiences. Following is a partial list of presentation topics and their intended audiences: Introduction to the Licensee Assistance Program and Other Peer Assistance Programs (developed for employers, human resource specialists, students, and supervisors; Chemical Dependency and the Health Care Professional (developed for students). dents, health care professionals and administrators); Intervention for the Chemically Dependent Health Care Professional (developed for administrators and supervisors).

The 2005 NE LAP Alcohol/Drug Addiction and Health Service Professional Workshop will be held in Norfolk on Friday, May 6, 8:30 a.m. until 4 p.m., at Faith Regional Health Services, West Campus (2700 West Norfolk Avenue). Pre-registration for the conference is *strongly encouraged*. Brochures are available by contacting NE LAP (800) 851-2336), visiting their Web site at www.bestcare.org, or from the Nebraska Board of Nursing (402-471-4376).

Whether desiring to arrange for an individual appointment or making arrangements for an educational program, NE LAP may be reached at (402) 354-8055 or (800) 851-2336. A 24-hour answering service is available with office hours 8 a.m. until 8 p.m., Monday through Thursday; Friday 8 a.m. through 4:30 p.m.; and Saturday 8:30 a.m. through 1:00 p.m. Judi Leibrock MHR, LPC, LADC, licensee assistance coordinator, can be reached directly by e-mail at: judi.leibrock@bestcareeap.org

If you would like information about how to locate a 12-step support group meeting or a support group for health care profes-

sionals in recovery meeting in your community, contact Judi Leibrock.

¹ May 6, 2004 NE LAP Chemical Dependency and the Health Care Professional Workshop

Frequently Asked Questions Regarding Continued Competency

Chapter 101, the Regulations regarding the Practice of Nursing, have recently changed. The regulations became effective on July 21, 2004. This means that the changes are in effect for the current RN renewal and will apply to all future renewals for both LPNs and RNs. Listed below are some frequently asked questions about these changes.

- Q. "I graduated from a baccalaureate program in Health Care Administration last year. Can I use that as 'having graduated from a program within the last two years' when renewing?" A. No, you must have graduated from an approved nursing program to use graduation as the basis for renewal. You might be able to use some of the individual courses that you took in the program if they relate to a specific component of nursing such as administration, supervision, evaluation, quality assessment, quality improvement, or management.
- Q. "Can I renew my license on more than one type of requirement if I meet more than one of the sets of requirements?" A. Yes, but there is no need to do so. You may want to renew using the criteria that will be easiest for you to produce proof of if you are audited.
- Q. "Can I go ahead and renew, knowing that I will be taking some of the continuing education prior to November 1st?" A. You should not do that. You should only renew after you meet the renewal requirements because you are attesting to and dating that you meet the requirements at the time that you are renewing. To attest to something that is not true at the time is falsification of a record.
- Q. "Can I use all of the hours for the ATLS course that I took?"
- **A.** Yes, this is one of the recent changes. The only classes that are restricted to using four hours are the CPR and BLS classes, including the CPR and BLS instructor classes. All other classes including NALS, PALS, ACLS, ATLS, etc. no longer have the four-hour restriction.
- Q. "Our hospital is having a class on Spanish for the healthcare provider. Can I use that for renewal?"
- A. Yes, that is another recent change. You may now use language classes including sign language as continuing education

for renewal. If the class has not been approved for nursing continuing education you may use it as part of your non peerreviewed hours. Ten of the twenty hours of continuing education hours must still be peer-reviewed and assigned contact hours for nursing.

- Q. "I want to attend a program that has been assigned contact hours for another licensed health care provider. Can I use those hours?"
- **A.** Yes, but only if the content is related to the practice of nurs-
- Q. "I have ANCC certification as a geriatric nurse. Can I renew on this current certification?"
- A. Yes, this is another recent change. You can renew on current certification in a nursing specialty that has been granted by a nationally recognized certifying organization. If you are audited, you will need to submit proof of this current certification. A copy of your current card with the dates of certification can serve as that proof.
- Q. "Am I still limited to only ten of my twenty hours being from the Internet?"
- **A.** No, this was another recent change. There is no longer any limitation to the number of hours that you can obtain as independent study (per Internet, nursing journals, home study courses, etc.). Again, you still need to have at least ten of the twenty hours peer-reviewed and assigned contact hours for nurses.
- Q. "I have not worked for a salary for the last number of years, so do I have to go inactive or let my license lapse?"
- **A.** No, not necessarily. If you have done volunteer work that requires you to be a nurse, you can use those hours as practice hours. You must be sure to keep a log indicating the hours you have worked as a volunteer nurse to use if you are audited.
- Q. "I feel the need to take a refresher course, even though I have an active license, because I have been working in an office setting and have decided to return to hospital nursing. Can I use the refresher course as my continuing education for renewal?" A. Yes, as long as you have completed it within the last five years. If you are audited, you will need to submit proof of completion within the allowed time frame.

Summary of 2005 Nursing

This is a summary of the status of bills introduced in the current legislative session that impact on nursing licensure or regulation. Status reflects information available at the time of printing. For current status of any legislative bill go to www.unicam.state.ne.us. For information on the steps in the legislative process go to http://www.unicam.state.ne.us/learning/process.htm.

Bill Number	Brief Description	Bill Status
LB 146	Creates a loan program for individuals enrolled in a masters or doctoral accredited nursing program who intend to engage in nursing instruction in an approved public or private nursing program in Nebraska.	Hearing March 15. Still held in Committee.
LB 243	Provides for the continuation of the Center for Nursing for an additional 5 years. Activities of the Center for Nursing would be paid from nursing licensing fees.	Signed by the governor 3/23/2005.
LB 306	Requires an applicant for an initial license that permits pre- scribing controlled substances to be subject to criminal back- ground checks. Eliminates requirement for licensees to report insurance settlements provided the insurance company reports the settlement.	Signed by the governor 3/29/2005.
LB 256	Creates an "umbrella" licensure for advanced practice nurses including Nurse Practitioners, Nurse Anesthetists, Nurse Midwives and Clinical Nurse Specialists. Creates a statutory scope of practice for Clinical Nurse Specialists. Creates an Advanced Practice Registered Nurse Board with representation from each of the specialties as well as physicians and consumers.	On general file. Speaker priority bill.
LB 338	Authorizes independent practice for Certified Nurse Midwives, eliminates the requirement for a practice agreement with a physician, eliminates control and regulation of practice by the Board of Medicine giving sole control and regulation to the Board of Nursing, and authorizes home birth deliveries.	Indefinitely postponed.
LB 339	Authorizes midwifery practice by and provides for licensure and regulation of licensed (non-nurse) midwives.	Indefinitely postponed.
LB 387	Requires all nursing assistants employed by any health care entity to have completed a department-approved course of training and a competency evaluation and be listed on the nurse aide registry.	Hearing 1/27/2005. Still held in Committee.
LB 534	Amends the Nebraska Mental Health Commitment Act to include a licensed advanced practice registered nurse (APRN) who has a current certification in a psychiatric or mental health specialty in the definition of a Mental Health Professional.	Signed by the governor 3/29/2005.
LB 744	Changes provisions of the Assisted-Living Facility Act to amend the definition of complex nursing interventions. Adds the terms "regular ongoing" to complex nursing interventions as a restriction for admission or retention at an assisted-living facility and deletes the restriction of admission and retention for residents whose condition is not stable or predictable. Adds the requirement that an RN must review medications and be responsible for oversight of medication aides.	Indefinitely postponed.

National Nurses Week - May 6-12

National Nurses Week begins each year on May 6th (National Nurses Day) and ends on May 12th (Florence Nightingale's birthday). The observance of Nurses Day has been held in May since 1974. The celebration was extended to a week-long event in 1990, and permanent dates for the celebration were established in 1993 by the American Nurses

Nurses Week is a perfect opportunity to reflect on our past, celebrate our accomplishments and set goals for our future. It is also an excellent time for activities and events that promote nursing as a career of choice for young people. Many nursing employers take the opportunity to recognize nurses during this week. Some come up with very creative ways to say thank you to nurses for the work that they do. Major newspapers frequently carry articles during this week on nurses' contributions to the health care of the people of Nebraska.

Continuing Education

Here are some of the many Web sites available for continuing education opportunities online:

www.learningtext.com (NCSBN site) www.receus.com www.nursingworld.org/ce www.nursingceu.com www.nursingcenter.com www.nursingspectrum.com www.nurseceu.com www.nurseweek.com www.medscape.com/nurseshome www.emedicine.com www.rn.com www.yournursece.com www.netce.com www.westernschools.com 69.3.158.146/nurse/nysna/catalog.cfm



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Licensure Actions

The following is a list of licensure actions taken between November 1, 2004 and February 28, 2005. Additional information on any of these actions is available by calling (402) 471-4923.

Licensee	Date of	Action	Violation
Richard Perrine Jr LPN	Action 11/04/04	Nondisciplinary Letter of Concern	Failure to maintain accurate patient record.
	11/29/04	Censure Civil Penalty	Failure to utilize appropriate judgement, endangering patient safety and welfare by sleeping while on duty
Gwen McEwan RN	11/10/04	Nondisciplinary Assurance of Compliance	Unprofessional Conduct-Leaving a patient care nursing assignment without notifying personnel so that reasonable arrangements for cortinuation of care could be made.
LuAnn Tanner RN	11/19/04	Reinstatement on Limitation	Practice of the profession while ability to practice was impaired by mental or emotional disability.
Michael Foster RN	11/19/04	Reinstatement on Probation	Violation of the Uniform Controlled Substances Act
Donna Hill RN	11/22/04	Nondisciplinary Assurance of Compliance	Failure to report misdemeanor convictions and termination of nursing employment due to alleged unprofessional conduct in accordance with mandatory reporting law.
Colleen McPherson RN	11/24/04	Nondisciplinary Assurance of Compliance	Failure to report misdemeanor conviction in accordance with manda tory reporting law.
Cynthia Lenahan RN	11/29/04	Probation	Misdemeanor conviction having a rational connection with fitness to practice nursing. Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession by consuming alcohol prior to a scheduled nursing shift and reporting for nursing duty with alcohol on breath.
Sheila Likness RN	11/29/04	Probation	Violation of the Uniform Controlled Substances Act by knowingly or intentionally attempting to acquire or obtain possession of a controlled substance by misrepresentation, fraud, forgery or deception.
John Lowe RN	11/29/04	Censure Civil Penalty	Disciplinary action taken by another state. Failure to file a report of disciplinary action taken by another state.
Margy Daniels LPN	11/29/04	Censure Civil Penalty	Unprofessional Conduct-Patient verbal abuse.
Susan Hrdlicka-Berry LPN	11/29/04	Censure Civil Penalty	Disciplinary action taken by another state. Failure to file a report of disciplinary action taken by another state.
Tabitha Snow LPN	11/29/04	Censure Civil Penalty Probation	Violation of the Uniform Controlled Substances Act by knowingly and intentionally possessing a controlled substance when not authorized to do so. Habitual intoxication or dependence on alcohol or a controlled substance. Conviction of a misdemeanor having a rational connection to fitness to practice nursing. Unprofessional Conduct-leaving a patient care nursing assignment without notifying personnel. Failure to report misdemeanor conviction in accordance with mandatory reporting law.
Jo Ann Boerger LPN	11/29/04	Censure Civil Penalty	Failure to report employment termination due to alleged unprofessional conduct in accordance with mandatory reporting law.
Francis Shelton RN	11/29/04	Voluntary Surrender in Lieu of Discipline	
Kathleen Larington LPN	11/29/04	Voluntary Surrender in Lieu of Discipline	
Sara Rue RN	12/2/04	Nondisciplinary Assurance of Compliance	Unprofessional Conduct-Practice of professional beyond authorized scope and failure to utilize appropriate judgement.
Sandra Springer LPN	12/2/04	Nondisciplinary Assurance of Compliance	Unprofessional Conduct-Misappropriation of medication from employe
Patricia Grof RN	12/7/04	Nondisciplinary Assurance of Compliance	Practice of profession beyond its authorized scope and failure to utilize appropriate judgement.
Kenneth Harris RN	12/7/04	Nondisciplinary Assurance of Compliance	Unprofessional Conduct-Misappropriation of medications from one facility for use at another facility.
Carol Janitscheck RN	12/7/04	Nondisciplinary Assurance of Compliance	Unprofessional Conduct-Failure to utilize appropriate judgement in administering safe nursing practice. Failure to report employment termination due to alleged unprofessional conduct in accordance wit mandatory reporting law.

Kimberly Webster LPN	12/7/04	Nondisciplinary Assurance of Compliance	Unprofessional Conduct-Failure to exercise technical competence based upon the level of nursing for which the individual is licensed in carrying out nursing care.
Jamie Hansen RN	12/8/04	Nondisicplinary Assurance of Compliance	Failure to report misdemeanor conviction in accordance with mandatory reporting law.
Beverly Bauermeister LPN	12/9/04	Suspension	Violation of terms and conditions of previously imposed licensure probation.
Penelope Reimers RN	12/9/04	Revocation	Violation of terms and conditions of previously imposed licensure probation.
Mindy Line LPN	12/15/04	Nondisciplinary Assurance of Compliance	Failure to report employment termination due to alleged unprofessional conduct in accordance with mandatory reporting law.
Mariette DyKema RN	12/20/04	Nondisciplinary Assurance of Compliance	Failure to report employment termination due to alleged unprofessional conduct in accordance with mandatory reporting law.
Patricia Edwards LPN	12/21/04	Nondisciplinary Assurance of Compliance	Failure to report employment termination due to alleged unprofessional conduct in accordance with mandatory reporting law.
Richard Funderburk RN	12/28/04	Initial License Issued on Probation	Disciplinary action taken by another state.
Stacy Polenske LPN	1/27/05	Censure Civil Penalty	Unprofessional Conduct-failing to report for a scheduled nursing shift and failure to notify her nursing employer she would not be at work. Failure to report employment termination due to alleged unprofessional conduct in accordance with mandatory reporting law. Dishonorable conduct-lying to department investigator.
Dorene Brown RN	1/27/05	Probation	Unprofessional Conduct-committing any act which endangers patient safety or welfare-multiple medication errors. Failure to report employment termination due to alleged unprofessional conduct in accordance with mandatory reporting law.
Marsha Stork RN	1/27/05	Censure Civil Penalty	Unprofessional Conduct-Failure to utilize appropriate judgement in administering safe nursing practice. Failure to maintain an accurate patient record. Failure to exercise supervision over persons who are authorized to practice only under the direction of the licensed professional.
Kelli Houser LPN	1/27/05	Censure Civil Penalty	Failure to follow policies or procedures implemented in the practice situation to safeguard patient care by failing to follow proper medication administration procedures.
Stacy Knowles LPN	1/27/05	Probation	Violation of the Uniform Controlled Substances Act by using and possessing marijuana. Habitual dependence on a controlled substance.
Mary Price LPN	1/27/05	Voluntary Surrender in Lieu of Discipline	
Barry Wycoff LPN	1/27/05	Voluntary Surrender in Lieu of Discipline	
Karen Schroeder RN	1/27/05	Privilege to Practice in NE under Nurse License Compact Revoked	Disciplinary Action taken by another state. Failure to report disciplin- nary action in another state in accordance with mandatory reporting law.
Joseph Trey RN	1/27/05	Voluntary Surrender in Lieu of Discipline	
Sarah Hawthorne LPN	2/2/05	Initial License Issued on Probation	Misdemeanor conviction having a rational connection with fitness to practice nursing.
Linda Gilbertson LPN	2/7/05	Nondisciplinary Assurance of Compliance	Unprofessional Conduct- Committing any act which endangers patient safety by failing to report for scheduled nursing shift.
Corey Larkins LPN	2/10/05	Nondisciplinary Assurance of Compliance	Failure to report employment termination due to alleged unprofessional conduct in accordance with mandatory reporting law. Unprofessional Conduct-Committing any act which endangers patient safety or welfare.
Kevin Baker RN	2/10/05	Reinstatement on Probation	Violation of the Uniform Controlled Substances Act
Elena Ramsey LPN	2/14/05	Initial License Issued on Probation	Misdemeanor convictions having a rational connection with fitness to practice nursing.
Julianne Pruitt LPN	2/15/05	Multi-state Privilege to Practice as a Practical Nurse in NE Revoked	Habitual intoxication or dependence and failure to comply with treat- ment program recommendations. Misdemeanor convictions which have a rational connection with fitness to practice.
Linda Stout LPN	2/15/05	Censure Civil Penalty Probation	Unprofessional Conduct-Committing any act which endangers patient safety by failing to report for scheduled nursing shifts. Violation of the Uniform Controlled Substances Act by failing to keep record of all controlled

John Furman RN	2/15/05	Censure Civil Penalty Current Probation Extended	Violation of terms and conditions of previously imposed licensure probation.
Colleen Kapels RN	2/15/05	Revocation	Unprofessional Conduct-Failure to utilize appropriate judgement in administering safe nursing practice based upon the level of nursing for which licensed. Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Endangering patient safety and welfare.
Kay Kube RN	2/15/05	Censure Civil Penalty Current Probation to Remain in Effect	Violation of terms and conditions of previously imposed licensure probation.
Holly Major RN	2/15/05	Probation	Habitual alcohol dependence
Edward Reising RN	2/15/05	Suspension for 30 days beginning 30 days from the date of the Action	Disciplinary action taken by another state. Failure to report disciplinary action in another state in accordance with mandatory reporting law.
Brandi Rogers LPN-C	2/28/05	Nondisciplinary Assurance of Compliance	Unprofessional Conduct-Failure to utilize appropriate judgement in administering safe nursing practice.

Licenses Revoked for Insufficient Fund Checks

The following licenses have been revoked for submitting an insufficient fund check for a license.

Alyson Lancaster

RN 62248

The document comparing LPN and LPN-C Intravenous Activities has been revised. It is available at



Mandatory Reporting



Who should I ask if I have a question about what I am required to report?

Licensees with questions regarding mandatory reporting requirements should contact the Investigations Division of the Nebraska Department of Health and Human Services System at (402) 471-0175. When calling for information, he sure to record the name of the person you spoke with, — as well as the date of the conversation.

As a professional licensee you are responsible for knowing and complying with the statutes, rules and regulations governing your license. You are responsible for your compliance with the mandatory reporting requirements, regardless of any information or direction you may have been given by friends, co-workers, supervisors, instructors, attorneys, or any other source who is not a representative of the Health and Human Services System's Department of Regulation and Licensure.

All reports are to be made to the Department within thirty days of the occurrence. Reporting forms may be requested by contacting the Investigations Division at (402) 471-0175.

Licensees who fail to report in compliance with the regulations are subject to license discipline. In cases of failure to report within thirty days, the Board of Nursing is recommending discipline of the license to include a minimum of a \$500.00 monetary fine and a censure. The disciplinary action is a permanent part of the license record and is reported to the national nursing disciplinary data bank, Nursys®, where it can be accessed by any board of nursing.

A summary of the mandatory reporting requirements can be found on our Web site at www.hbs.state.ne.us/crl/SMRRequire.pdf

Nebraska Nursing Leadership Coalition Update

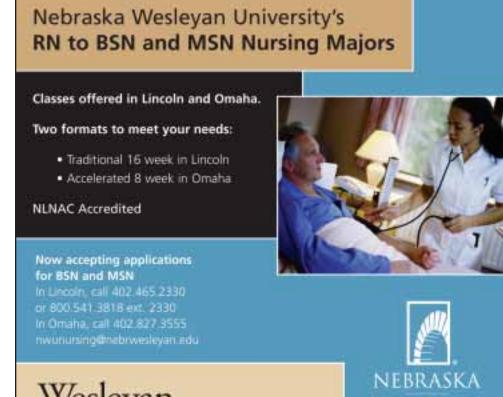
he board members of the five member organizations (Nebraska Board of Nursing, Nebraska Nurses Association, Licensed Practical Nurses Association of Nebraska, Nebraska Association of Nursing Deans and Directors, and the Nebraska Organization of Nurse Executives) met for their annual fall meeting. The following actions were taken:

- 1. It was decided that the Nebraska Nursing Leadership Coalition would use the Web site of the Nebraska Center for Nursing as their official Web site. So, in the future you can learn about the activities of the Nebraska Nursing Leadership Coalition by accessing the Nebraska Center for Nursing Web site at www.center4nursing.org. We will also establish links from that Web site to the five member organizations of the Nebraska Nursing Leadership Coalition.
- 2. On the Nebraska Nursing Leadership Coalition portion of the Web site, we will maintain a list of all nursing organizations in the state and how to contact each of them, so if there is any nursing organization wanting to be put on this list, please contact Connie Wagner at conniew@nehca.org.

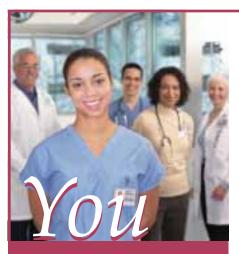
- 3. The Coalition is going to continue to develop a brochure explaining the Nebraska Nursing Leadership Coalition and other nursing organizations within the state. A committee is working on this activity.
- 4. It was decided that the activities of the Nebraska Nursing Leadership would continue to be included in the Nursing News as a way to keep the nursing community informed of these activities. Hence this article.
- 5. The membership of the Coalition decided to plan an "Issues Forum" with the first Forum to be held in 2005. A planning committee for the Forum was formed.
- 6. Work will continue to work on a "model orientation" for new graduates. A committee was formed to complete this task.
- 7. The Coalition will continue to present an annual Nursing Summit. The 2005 summit was held on March 8th in Kearney. The speaker was Donna Wright from Creative Health Care Management in Minneapolis, Minnesota. Her topic was "Leadership: Best Practice Secrets."



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Applying Ethical Principles to

By Sheila Exstrom

Each of us, whether we are licensed as an LPN or RN, were exposed to professional ethics as a part of our nursing education. This article is intended to show the relationship of those ethical principles and nursing regulation/licensure.

First, a quick review of the terms related to ethics. For purposes of this article, the terms will be related to three principles: Beneficence, Autonomy, and Justice. Beneficence just means to do good. This is accomplished by practicing three other activities: Nonmaleficence, fidelity, and veracity. Nonmaleficence just means to do no harm. Fidelity means to carry out your promises and to keep the interest of others above all others. Veracity means to tell the truth. Autonomy means making one's own decisions and respecting confidentiality and privacy. Justice means being understanding and tolerant of others, respecting others and standing for equality and fairness.

The relationship of ethical principles and professional regulation is probably most evident when making decisions about disciplining a professional license. As a matter of fact, principle number five from the Nebraska Board of Nursing's Philosophy of Discipline reads, "Failure to conform to accepted ethical standards should result in disciplinary sanctions on the license."

So, let's look at these principles one by one and see how they relate to the daily activities of a nurse and the questions that are posed as the board deliberates about disciplinary actions.

Nonmaleficence (do no harm). What is the potential harm to patients: when a nurse does not maintain his/her competency; when a nurse practices outside of his/her scope of practice; when a nurse accepts an assignment that he/she is not able to perform safely; or when a nurse crosses the boundaries and mixes a personal relationship with a professional relationship with a patient?

Fidelity (keep your promises). What is the ethical issue when a nurse promises to be at work for a certain shift, but then doesn't report for work or doesn't even call in that he/she won't be at work? What licensure actions are appropriate when a nurse agrees to the personnel policies that require a two-weeks notice of resignation but then gives only a one-day notice? What's the appropriate licensure outcome when a nurse accepts a patient assignment and then leaves half-way through the shift? What happens when a nurse promises to make a home visit but then doesn't follow through?

Veracity (tell the truth). Why should a board of nursing have a concern when an applicant applies for licensure and doesn't report a criminal charge or a disciplinary action in another state? What about the nurse who falsifies patient records and records actions as taken that were not? Will this nurse admit to a medication error in time to intervene and reverse the potential consequences to the patient? Can this nurse be relied on to self-report if she contaminates doing a procedure? Do we want a nurse to work independently and unsupervised if he/she can't be trusted to tell the truth?

Autonomy (letting the patient make their own decisions, respecting confidentiality and privacy). What are appropriate consequences for a nurse who force-fed a patient who refuses to eat? What about the nurse who looks into patient charts (either paper or electronic) that are none of his/her business?

Justice (respecting others and standing for equality and fairness). Can a nurse be trusted to respect the belongings of others, or are his/her patients at risk because he/she has a background that includes repeated shoplifting convictions? What should be the consequences when a nurse shows disrespect by displaying either physi-



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cal or verbal abuse towards a patient? Does a person who has a history of convictions of assault, violence or abuse belong in nursing?

The public document files are full of cases in which each of the questions have been addressed and nurses in Nebraska have had their licenses disciplined (denied, revoked, put on probation, etc.) for unethical and unlawful behavior.

Nonmaleficence Nurses have been disciplined for incompetent clinical practice. Nurses have been disciplined for practicing outside of their scope of practice including writing prescriptions for medications and in some incidences self-medicating with the medications. Nurses have been disciplined for establishing a personal and dependency relationship with patients.

Fidelity Nurses have been disciplined for patient abandonment.

Veracity Nurses have been disciplined for falsifying applications, renewal forms, time cards and patient charts. Nurses have been disciplined for lying to investigators.

Autonomy Nurses have been disciplined for not respecting patients' rights to make their own decisions. Nurses have also been disciplined for accessing patients' records inappropriately.

Justice Nurses have been disciplined for

not respecting patients, for not respecting their belongings, for being verbally abusive or threatening, or for actually causing physical or emotional harm.

So you see, the message of this article is that professional ethics are not to be left in the nursing classroom but are to be a part of our nursing practice every day. The purpose of our nursing licenses is to indicate to our patients that we are safe practitioners and are not to be feared in any way. It is to indicate that we are practicing a profession that has a code of ethics and that code of ethics establishes the standards upon which we gain the public's trust.

For More Information...

Nursing and Nursing Support Education Issues, Curriculum Revisions and

General Issues

Charlene Kelly, R.N. Ph.D. Section Administrator (402) 471-0317

charlene.kelly@hhss.ne.gov

Advanced Practice Nursing

(CRNA, CNM, APRN) Licensure Issues

Kathy Anderson

(402) 471-2666

kathy.anderson@hhss.ne.gov

Nursing Practice Issues

Karen Bowen, R.N., M.S. (402) 471-6443

karen.bowen@hhss.ne.gov

RN or LPN

Licensure Based on Examination (NCLEX®)

Mary Ann Moore (402) 471-4925

maryann.moore@hhss.ne.gov

Foreign Educated Nurses

Sheila Exstrom, R.N., Ph.D.

(402) 471-4917

sheila.exstrom@hhss.ne.gov

Licensure Based on Endorsement

Stephanie Kasten (402) 471-4375

stephanie.kasten@hhss.ne.gov

Reinstatement of Licensure Staff

Kathy Anderson (402) 471-2666

Nursing Statutes

Rules and Regulations Charlene Kelly, R.N., Ph.D.

(402) 471-0317

charlene.kelly@hhss.ne.gov

Scope of Practice and Practice Standards

Karen Bowen, R.N., M.S., (402) 471-4376 karen.bowen@hhss.ne.gov

Nursing Program Surveys

Sheila Exstrom, R.N., Ph.D.

(402) 471-4917

sheila.exstrom@hhss.ne.gov

Refresher Course/Designing Own Review Course

Sheila Exstrom, R.N., Ph.D. (402) 471-4917

Sheila.Exstrom@hhss.ne.gov

Renewal Requirements

Staff

(402) 471-4376

Renewal Requirements Audit

Staff

(402) 471-4376

Name and/or Address Change

(Please provide your name and social security number)

Stephanie Kasten

(402) 471-4375

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Certifications/Verifications

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Nurse Aide

Nurse Aide Role and Practice Standards

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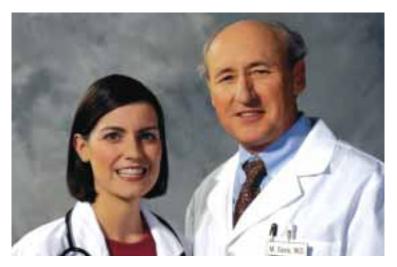
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20 Years Ago in Nursing News

March 1985 - The Board of Nursing was exploring the development of an impaired nurse program. A philosophy of impairment as it relates to nursing regulation was written to guide the development of the program.

Legislation authorizing the licensing of nurse practitioners and nurse midwives took effect July 10, 1984. The first eight licenses were issued to: Georgie Evans, Hastings; Janice Kennedy, Omaha; Susan Maurstad, Omaha, Mary Neumann, Omaha; Jane Pierson, Omaha; LaVone Rohlfs, Fremont; Barbara Talbot, Bellevue; and Catherine Moore, Council Bluffs, IA.

Board of Nursing officers for 1985 were: Leota Rolls, R.N., President; Louise Elliott, R.N., Vice-President; and Mary Lou Holmberg, R.N., Secretary.

There were 15,144 RNs and 5,571 LPNs licensed in Nebraska.

RN licensing examinations were scheduled for February 5&6 and July 16&17. LPN licensing examination were scheduled for April 16 and October 15.



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A Moment in Nebraska Nursing History

by Charlene Kelly

Early minutes of the Board of Nursing provide us with intriguing information on the work of the newly created board. The first recorded minutes of the board are from July 1910. Here are some excerpts from those minutes.

July 12, 1910 – The Nebraska State
Board of Nurse Examiners were appointed to
fill the vacancies on July 1, 1910 as follows:
Miss Nancy Luxe Dorsey Pres.. Mis Bess L.
Bixby, Vice Pres. and Treasurer – term expires
May 18, 1913. Miss Lillian B Stuff,
Secretary – term expires May 18, 1912.
Appointed to succeed Miss Hardwick's expired
term. The first meeting of the new board was
held at the Orthopedic Hospital. No minutes of

previous meetings were found. No treasurer's report was found. The first business taken up was the answering of the accumulation of mail. Forty-four letters were answered and placed on file. The matter of a syllabus for training schools and a uniform standard throughout the state was discussed and a plan for early accomplishment was decided upon. The afternoon was spent in investigation of filing cases.

In many ways these brief minutes of the first board meeting bear resemblance to the typical agenda for current board meetings – status of board member appointments, communication, educational standards and investigations.

July 14, 1910 – The Nebraska State Board of Nurse Examiners met at Riverside Park Sick Babies' Camp in Omaha. The subject of stationary and necessary printed matter was discussed and it was decided necessary to order letterhead, envelopes of both sizes, postals, application blanks and copies of the bill. Five dollars worth of stamps were allowed Miss Dorsey for board correspondence. Bills were allowed to the amount of \$58.40. Treasurer's report showed a balance in the treasury of \$253.05. Thirty-eight applications were approved and placed in the hands of the secretary to complete the certificates having names printed in at the Lincoln Business College and obtaining signatures required. Many other

FAQ'S Regarding the Medication Aide Act



What is the difference between a Medication Aide and a Medication Aide 40 Hour?

A Medication Aide is an individual who has met the requirements for placement on the medication aide registry and is able to provide medications in any licensed facility except assisted living facilities, ICF-MR or nursing homes. A Medication Aide 40 hour is an individual who has met the requirements for placement on the medication aide registry and is able to provide medications in any licensed facility including assisted living facilities, ICF-MR and nursing homes. One of the requirements for placement on the medication aide registry for both categories is to provide evidence of competency.

Evidence of competency for the category Medication Aide includes demonstration of the 14 competency standards as outlined in Title 172 NAC 96:005

Evidence of competency for the category Medication Aide 40 bour includes demonstration of the 14 competency standards as outlined in Title 172 NAC 96:005, completion of a 40-hour course covering the 14 competency standards as outlined in Title 172 NAC 96:005 and successful completion of a state-administered written exam.

Both categories of medication aides are on the medication aide registry and able to provide medications as outlined in Title 172 NAC 95. The difference between the two categories is the requirements for competency and where they can be employed.

The primary source of information for this series on the history of nursing regulation in Nebraska is a 1988 University of Nebraska doctoral dissertation by Wendell Oderkirk entitled "Organize or Perish: The Transformation of Nebraska Nursing Education, 1888-1941"

applications were discussed by the board and returned to senders to be corrected.

I'm interested in learning more about this camp for sick babies. Riverside Park is where the Henry Doorly Zoo is now located. Without any staff to support the work of the board, board members carried out clerical duties in addition to decision-making. Note the printing of names on the licenses was outsourced! From the beginning applications had to be returned because they were incomplete or incorrect.

July 27, 1910 – The Nebraska State Board of Nurse Examiners met at the Nebraska Orthopedic Hospital. Thirty-eight certificates were signed by the Treasurer and Secretary and taken to the Lincoln Business College for names to be printed in. Fifty letters and requests for application blanks were sent out and filed. This meeting continued over three day's time on account of the signing of certificates by the state officers (the going and coming to the printing office, Business College and State House). It was decided by the board to count it one full meeting and allow fees accordingly.

These notes conjure up visions of these three women chugging around Lincoln in a Model T spending three days to get thirty-eight certificates printed, signed and filed. Leave it to nurses to decide that three days is really only one meeting and they should only accept a per diem fee for one day. They might not have been very efficient, but they were frugal. Thank heavens for computers, fax machines and the Internet!

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